

2000 UNIFORM BUSINESS REPORT (UBR)

0005153 AF

DOCUMENT # L99000002650

1. Entity Name
MEASURLOGIC, LLC

Principal Place of Business
2929 EAST COMMERCIAL BOULEVARD, SUITE 410
FT. LAUDERDALE FL 33308

Mailing Address
2929 EAST COMMERCIAL BOULEVARD, SUITE 410
FT. LAUDERDALE FL 33308-4220

FILED *WL 3/21*
00 MAR -8 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2200 Chambers Rd., Unit J
Suite, Apt. #, etc.

3. Mailing Address
2200 Chambers Rd., Unit J
Suite, Apt. #, etc.

City & State
Aurora, Co. 80011

City & State
Aurora, Co. 80011

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip Country USA Zip Country USA

6. Name and Address of Current Registered Agent

CARA EBERT CAMERON
2929 EAST COMMERCIAL BOULEVARD, SUITE 410
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STRATFORD INTERNATIONAL, INC. 2929 EAST COMMERCIAL BOULEVARD, SUITE 410 FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000003178710-4 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition -03/22/00--01003--020 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John B. Stratford* John B. Stratford, V.P. of Stratford International, Inc.
2/28/2000 303 364 4368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)